

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007338

STATE FILE NUMBER

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 72

AMENDED

FILED MAR 5 1962

## 1. PLACE OF DEATH

a. COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN MaryvilleLength of stay in lb  
6 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 802 East 3rdInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Nodaway

c. CITY OR TOWN Maryville

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
802 East 3rdReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HOWARD

WILLIAM

McLARNON

## 4. DATE OF DEATH

Month

Day

Year

2

24

62

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
1/14/119. AGE (last birthday)  
51IF UNDER 1 YEAR  
Months Days Hours Min.IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Trucker10b. KIND OF BUSINESS OR INDUSTRY  
Own account11. BIRTHPLACE (City and state or country)  
Hopkins, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Robert E. McLarnon

## 13b. MOTHER'S MAIDEN NAME

Vula Gray

## 14. NAME OF HUSBAND OR WIFE

Lydia Griffey McLarnon

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes World War II

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Lydia McLarnon, Maryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Carcinoma removed from Descending Colon

## INTERVAL BETWEEN ONSET AND DEATH

2 yrs

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-28-58 to 2/24/62 and last saw him alive on 2-24-62  
Death occurred at 10:00 A. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
burial

## 23b. DATE

2/27/62

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Hill

## 23d. LOCATION (City, town, or county)

Maryville, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Price Funeral Home, Maryville, Mo.

## 25. DATE RECD. BY LOCAL REG.

2-28-62

## 26. REGISTRAR'S SIGNATURE

Deane Holt

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

MAR 6 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clum M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.